			DIVISION	ÜBLIC HEALTH AND SOCIAL SE DF ENVIRONMENTAL HEALTH		
GO TO	9			ILD CARE FACILITY		
4 380				SPECTION REPORT		
	ASON	GRADE	Inspection Date:	ESTABLISHMENT NAME:		
Regular ✓ Follow-Up			08 22 20 18 Time In/Out:	TINA'S LEARNING CENTER II		
Complair		1 ()		DE LEON GUERRORD TO	DRTING C.	
Investiga		RATING	1:15 Pm 1:50 Pm	LOCATION:	Establishment Type	<u> </u>
Other:	-	A	Sanitary Permit No :	MANGUAO	CCC NURSE	ERY
			29000-18000 1244	PERMIT STATUS:Valid		Expired
No. of Chi	ldren:	Male 10	Female 17 Total	Child Care License: No.: 180199		
The	following ite	ms identify	violations found this d	lay in the operations and facilities w	hich must be correcte	ed by the next
inspection	n or sooner	as the Dep	partment indicates. No	on-compliance may result in downgr	ading or permit suspe	ension. To appea
ITEM*		a wriπen i		st be submitted before the indicated	The state of the s	
IIEIVI				MARKS		T CORRECT B
	A REG	ULAR I	nspection who	CONDUCTED TODAY. PR	Evious	
	INSPEC	MON D	ATEO 05/29/2	2018, RESULTED IN A G	RADE/	4000
	RATING	70 ·	D/A. THE F	OLLOWING WERE OBSER	VED	
	TODAY:					
	(USA)	_ •				
	NO VIDIATIONS WERE OBSERVED.					
	=					
	POSTED PLACARD "A" NO. 02661 ON WINDOW OF					× malente
	OF THE PROPERTY OF				Og-	
	BRIEFED OWNER, TINA DE LEON GUERRERO ON ABOVE.					
		211				
						-
						-TO LINA
			<u> </u>		1	
	Street					
	_ 8					1000
	==4 1==		e la mesti ma le			
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				on(s) and I am aware of the cor		

Rev: 08/2/05 DEH-06

cited above, they shall be corrected within 10 days of this inspection:

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

DEH Inspector (Name & Title):

V. RAYMUNDO, EPHO I